

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12834

State File No. _____

1889

FILED MAY 3-1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>5 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2630 Brooklyn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Provident</u>				3. NAME OF DECEASED a. (First) Kittie <u>CATHERINE</u> b. (Middle) <u>(KITTIE)</u> c. (Last) <u>CARTER</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 10, 1887</u>		9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Brackston</u>		14. NAME OF HUSBAND OR WIFE <u>Lucion D. Carter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Macklin 2630 Brooklyn</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>uremia</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4-3-52</u> <u>4-3-52</u> <u>4-3-52</u>	
19a. DATE OF OPERATION <u>June 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>442</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>_____</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>_____</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>_____</u>					
22. I hereby certify that I attended the deceased from <u>4-3, 1952</u> , to <u>4-21, 1952</u> , that I last saw the deceased alive on <u>4-21, 1952</u> , and that death occurred at <u>7 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M.F. Sewell</u>		M.F. Sewell (Degree or title) <u>MD</u>		23b. ADDRESS <u>1722 W 39th St. Mo</u>		23c. DATE SIGNED <u>4-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/24/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-25-52</u>		REGISTRAR'S SIGNATURE <u>Bernadine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Waltham Road, 18th & Benton</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Cont. by Aff.

Dr. J. J. ...
1722039

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Dwight A. ...*

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS
AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 12834-52
Local Registrar's No. 1889

On this 13th day of May, 1952, before me appears Emma Macklin

....., who, upon her oath, states that the original record of ~~birth~~ death
for Kittie Carter died April 21, 1952 in the State of
Missouri, and which was filed at Kansas City on Apr. 25, 1952, should be corrected as follows:

Item No. 3 should read Catherine (Kittie) Carter
Instead of..... Kittie Carter

Item No..... should read.....
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Emma Macklin Sister
Relationship. Sister
2630 Birch Lane.
Present Address. Kansas City, Mo.

Subscribed and sworn to before me this 13th day of May, 1952

My Commission expires Oct. 21, 1955 Carrie M. Ruppelius Notary Public.

